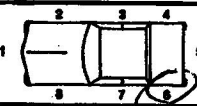
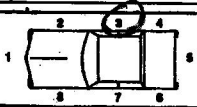


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-16583		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 9/5/16		DAY MON	TIME: MILITARY 1250
CRASH OCCURRED ON Private Property				WITHIN THE INTERSECTION OF 650 East Main, Lebanon Ohio					
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					
MILES _____ FEET _____				CITY CODE _____					
LOG-1		LOG-2		LOC JUR FH9 FILT					
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Williams, Irving L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3600 W. Wilmington Road, Lebanon OH 45036					
PHONE NO. 513-934-4467		BIRTHDATE 12/06/1956	AGE 60	SEX M	SOCIAL SECURITY NO. _____		STATE OH	DRIVER'S LICENSE NO. SM095902	OCCUPATION _____
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS _____ PHONE 513-934-4467					
VEH YR 2007	MAKE Honda	MODEL SUV	COLOR White	STYLE SUV	STATE OH	LICENSE PLATE NO. AG09 AL	TOWING SERVICE _____		VEH/PED DIR _____
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Horseshoe Mason		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Leitch, Jason Nicole				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5743 Aspen Dr. Mason OH 45040					
PHONE NO. _____		BIRTHDATE 4/16/1966	AGE 20	SEX F	SOCIAL SECURITY NO. _____		STATE OH	DRIVER'S LICENSE NO. TZ00650	OCCUPATION _____
OWNER (IF SAME AS DRIVER, WRITE SAME) Leitch, Brenda				ADDRESS Same PHONE 513-767-3172					
VEH YR _____	MAKE _____	MODEL _____	COLOR _____	STYLE _____	STATE _____	LICENSE PLATE NO. CM712X	TOWING SERVICE _____		VEH/PED DIR _____
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
C	FROM UNIT NO. _____	NAME (LAST, FIRST, MI) _____		BIRTHDATE _____	AGE _____	POSITION		INJURIES	
ADDRESS same		PHONE _____		SEX _____	A B C D E F		A B C D E F		
D	FROM UNIT NO. _____	NAME (LAST, FIRST, MI) _____		BIRTHDATE _____	AGE _____	SEX _____		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
ADDRESS _____		PHONE _____		SEX _____	A B C D E F		CONDITION		
E	FROM UNIT NO. _____	NAME (LAST, FIRST, MI) _____		BIRTHDATE _____	AGE _____	SEX _____		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
ADDRESS _____		PHONE _____		SEX _____	A B C D E F		RESTRAINTS		
F	FROM UNIT NO. _____	NAME (LAST, FIRST, MI) _____		BIRTHDATE _____	AGE _____	SEX _____		ALCOHOL	
ADDRESS _____		PHONE _____		SEX _____	A B C D E F		A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED <input checked="" type="checkbox"/> TESTED <input type="checkbox"/>		
A	B	C	INJURED TAKEN TO _____ By _____			A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN	
D	E	F	INJURED TAKEN TO _____ By _____			A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
A <input type="checkbox"/> ORC CITY ORD. Unit #1 improperly backed striking Unit #2			OFFENSE CHARGED AND DESCRIPTION			A B C D E F		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
O <input type="checkbox"/> ORC CITY ORD. _____			OFFENSE CHARGED AND DESCRIPTION			A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG	
RECEIVED CALL 1250		DISPATCHED 1254	ARRIVED 1300	CLEARED 15	OTHER TIME 00offoff25	TOTAL MINUTES		A B C D E F	
DATE REPORT FILED 9/8/16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Fry		BADGE NO. 119	CHECKED BY _____		A B C D E F	